



Claim Notification Form - Claimant

Connection to Claim:	I am making a claim against the policyholder
Your Name:	Bridget Delaney
Your Phone:	3378026796
Your Email:	kagomeshuko@yahoo.com
State Listed in Policy	LA
Is English your Primary Language	Yes
Your Primary Language	English
Hiscox Policyholder Phone Number	3373049963
Hiscox Policyholder Email	cfordlove@aol.com
Hiscox Policy Number:	P100.602.082
Specific Incident:	My property has been damaged
Monetary Value of Claim:	Below \$10000
Date Incident Occurred:	04/01/2024
Incident Details:	Claimant hired NI to do restoration work after a hurricane in Apr 2024. Claimant stated she caused more damage to the home.
Form Completed by:	
